



PTO/SB/01 (08-03)
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Attorney Docket Number P06547US1 **DECLARATION FOR UTILITY OR** First Named Inventor Brien E. PIERPONT, et al. **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number 10/773,925 Filing Date Declaration Submitted after Initial February 6, 2004 Declaration Submitted OR Art Unit Filing (surcharge (37 CFR 1.16 (e)) With Initial 3763 Filing

Examiner Name

I hereby declare that:							
Each inventor's residence, ma	iling address, a	nd citizenship are a	s stated b	elow next to	their name.		
I believe the inventor(s) named which a patent is sought on the			nventor(s)	of the subje	ct matter wh	nich is claim	ned and for
ANGIOPLASTY METHOD AND MEANS FOR PERFORMING ANGIOPLASTY							
		(Title of the	(m. matina)			*******	
the specification of which		(Title of the I	nvention)				
is attached hereto							
OR	Γ		1				
was filed on (MM/DD/Y	YYY)	02/06/2004	as Unit	ted States Ap	oplication Nu	ımber or P	CT International
Application Number and was amended on (MM/DD/YYYY) (if applicated)					(if applicable).		
I hereby state that I have revie			of the abo	ve identified	specification	n, including	the claims, as
	•						
I acknowledge the duty to dis	sclose informat	tion which is mater	ial to pate	entability as	defined in 3	37 CFR 1.5	56, including for
continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority	benefits unde	r 35 U.S.C. 119(a)	-(d) or (f),	or 365(b) o	f any foreig	n applicati	on(s) for patent,
inventor's or plant breeder's ri country other than the United	ghts certificate	(s), or 365(a) of any	y PCT inte	ernational appointment	plication wh	ich designa	ated at least one
application for patent, inventor	's or plant bree	eder's rights certifica	ate(s), or a	ny PCT inter	national app	olication ha	ving a filing date
before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY)		Prio Not Cla		Certified (Yes	Copy Attached?
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (06-03)

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DECLARATION — Utility or Design Patent Application

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and belief are believed to be statements and the like so made	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	VENTOR:		ПАР	etition	has be	en filec	d for thi	s unsigr	ned inventor
Given Name (first and middle [if any])	<u>:</u> .				Family Name or Surname _{PIERPONT}				
Inventor's Signature	P~	2	~	0	_				Date /19/57
Residence: City St. Petersburg	State Florida			Cour US	•			Citizei US	nship
Mailing Address 2028 Brightwaters Blvd.									
City	State				ZIP				Country
St. Petersburg	Florida				33704				US
NAME OF SECOND INVENTO	R:				A pe	etition h	nas bee	n filed f	for this unsigned inventor
Given Name (first and middle [if any]) JAMES A	4.				Family Name or Surname _{COYLE}				
Inventor's Signature									Date
Residence: City	State			Coun	itry			Citizer	nship
Somerville	Massachusetts			US				IRELAN	1D
Mailing Address 430 Broadway, Apt. 2									
City	State				ZIP			Count	ry
Somerville	Massachusetts				02145			us	
Additional inventors or a legal rep	presentative are bein	ng named on t	hes	uppleme	ental she	et(s) PTC)/SB/02A	or 02LR a	attached hereto.



DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

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Brien E. PIERPONT, et al.

P06547US1

COMPLETE IF KNOWN

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First Named Inventor

(37 CF	Application Number		10/773,925					
Declaration			Filing Date	-	February 6			
With Initial	With Initial Filing (surch	surcharge	Art Unit		376	3		
Filing	(37 CFR 1.16 (e)) required)		Examiner N	ame				
I hereby declare that:	I hereby declare that:							
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
	I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
ANGIOPLASTY METH	HOD AND N	MEANS FOR P	ERFOR	MING AN	IGIOPLA	STY		
		(Title of the	Invention)					
the specification of which		(**************************************						
is attached hereto								
OR								
was filed on (MM/DD/YYYY) 02/06/2004 as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have revie			of the abov	ve identified :	specification	n, including t	he claims, as	
amended by any amendment specifically referred to above.								
I acknowledge the duty to di continuation-in-part application								
and the national or PCT intern	ational filing da	ite of the continuation	on-in-part a	pplication.		·	.,	
I hereby claim foreign priority inventor's or plant breeder's re								
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign								
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY		Prio Not Cla		Certified C Yes	opy Attached? No	
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[Page 1 of 2]

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Country		Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	n has l	been file	d for thi	s unsiar	ned inventor
Given Name (first and middle [if any]) BRIEN E.					Family Name or Surname PIERPONT				
Inventor's Signature	7.00	•	·		<u></u>	•		. .	Date
Residence: City	State			Cou	ntry			Citizer	nship
St. Petersburg	Florida			us				us	
Mailing Address 2028 Brightwaters Blvd.								•	
City	State				ZIP				Country
St. Petersburg	Florida				3370	04			us
NAME OF SECOND INVENTO	R:] A	petition	has bee	n filed f	or this unsigned inventor
Given Name (first and middle [if any]) JAMES A.					Family Name or Surname COYLE				
Inventor's Signature		C=4	le					4	Date 19 th 2004
Residence: City	State		[Cou	ntry			Citizer	nship
Somerville	Massachusetts			us				IRELAN	D
Mailing Address 430 Broadway, Apt. 2									
City	State	···			ZIP			Countr	γ
Somerville	Massachusetts				02145	5	<u>. </u>	us	
Additional inventors or a legal re	presentative are bein	ng named on th	nes	upplem	ental si	neet(s) PT	O/SB/02A	or 02LR a	attached hereto.





PTO/SB/81 (09-03)
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Application Number	10/773,925
Filing Date	February 6, 2004
First Named Inventor	Brien E. PIERPONT, et al
Title	ANGIOPLASTY METHOD AND MEANS
Art Unit	3763
Examiner Name	
Attorney Docket Number	P06547US1

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I hereby appoint:								
Practitioners associated with the Customer Number:	34082							
OR L	L							
Practitioner(s) named below:								
Name Registration Number								
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as my/our attorney(s) or agent(s) to prosecute the application	identified above, and to transact a	Il business in the United States Patent and						
Trademark Office connected therewith.								
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l am the:								
Applicant/Inventor.								
l —								
Assignee of record of the entire interest. See 37 CFR								
Statement under 37 CFR 3.73(b) is enclosed. (Form	F10/3B/90)							
SIGNATURE of Applicant or Assignee of Record								
Name James A. COYLE								
Signature / //								
Janes Cyr	A Te	lephone \$57 01 00410						
		1 23/ ///04/0						
NOTE: Signatures of all the inventors or assignees of record of the enti- forms if more than one signature is required, see below.	re interest or their representative(s) are	required. Submit multiple						
*Total of 2 forms are submitted.								

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Application Number	10/773.925
Filing Date	February 6, 2004
First Named Inventor	Brien E. PIERPONT, et al.
Title	ANGIOPLASTY METHOD AND MEANS
Art Unit .	3763
Examiner Name	
Attorney Docket Number	P06547US1

I hereby appoin	<u> </u>			·					
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OR									
	ner(s) named below:								
1 1404401	Tracinoral(s) names below.								
	Name			Registration N	umber				
									
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	ney(s) or agent(s) to prosecute the application connected therewith.	identified above,	and to trai	nsact all business ir	n the United States Patent and				
Plagge recogni	e or change the correspondence address for	the above identif	iod applica	tion to:					
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	ddress associated with the above-mentioned	Customer Numbe	r:						
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The a	ddress associated with Customer Number:								
OR									
Firm or Individual Name									
Address									
Address	Address								
City			State		Zip				
Country									
Telephor	e		Fax						
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
	en E. PIERPONT		~						
Signature Date	3/10/00		<u> </u>	Telephone	~ 7.7 - 7.77 > 7.74				
Date 4	3/14/104			1 elebitorie	[C] W				
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of 2 forms are submitted.									

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